

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, MAY 10, 1884.

Original.

THE SPECIALIST.*

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In the mechanical arts it has long been established that the less variety there is in a man's work the more rapid, accurate, and valuable his labor becomes. A needle must go through many hands before it is finished, each workman having but a single thing to do. By so working it is found that more needles and better needles are made than where each man makes his entire needle.

The same thing holds good with regard to medicine, only in an infinitely greater degree. Medical literature has already reached perfectly bewildering proportions and is being increased in an atrociously unfeeling manner. No man, especially if he be engaged in active professional work, can begin to keep pace with the rapid advance of medical lore in all its various departments. If the doctor should devote his entire life to study he would still fall far short. The doctor, however, is an active member of society, and his duty is to relieve disease and suffering. He should be ever ready, willing, and able to relieve the ills of mankind so far as possible. This can only be done by a division of medicine for purposes of practice into various departments and specialties.

In all the larger cities of Europe and America there are numerous specialists, indicating that the want is more keenly felt in the more enlightened quarters.

No one is better aware of the fact that medicine in its totality can never be successfully practiced than the general practitioner. So well does he recognize this that

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the great majority of general practitioners make no pretense whatever to knowledge of special departments. They send their surgical cases to the surgeon, their gynecological cases to the gynecologist, their ophthalmic cases to the oculist, etc., reserving to themselves only those cases with which they feel perfectly at home. By so doing these general practitioners are in reality specialists, but their specialty is of such general, diffuse, and scattered nature that they themselves are the only persons who know exactly in what their specialty consists.

The specialist at present must undergo, and it is sincerely to be hoped that it always will be so, the same prolonged course of study that the general practitioner does. After having accomplished this he acquires, by years of experience or a stay of several years in some of the special hospitals of Europe or the larger Eastern cities, where hundreds of cases are seen daily, an intimate practical knowledge and manipulative skill in his special line.

Without this thorough grounding in the fundamental principles of general medicine and without this thorough training in diagnosis, treatment, and manipulative procedure in his specialty, the specialist would merely belie his title.

The magnitude of the various specialties is as a rule vastly underrated. I well remember that when I went abroad I hesitated some time before I could consent to devote my whole life to such a small department as the eye, ear, and throat. It required, however, but a cursory glance at the immense cliniques of Vienna and at shelves loaded with works on ophthalmology, otology, laryngology, etc., to convince me that even in this narrow (?) field one may find ample opportunities for employing his talents and time.

Should a man devote his entire life to the study and contemplation of any one of

the diseases of the eye which are only imperfectly understood, or not at all, as glaucoma, or near-sightedness, for instance, he would undoubtedly have a field sufficiently large to make himself immortal in. A man's knowledge of a disease must be in direct proportion to the number of cases he has seen and the amount of study and thought he has given the subject. For this reason the specialist is much more apt to make discoveries and advancements in his particular line than is the general practitioner.

Another reason for the existence of specialism in medicine is the fact that many affections can only be alleviated or cured by the use of expensive instruments, or instruments difficult of manipulation. These no sane general practitioner would ever dream of purchasing. He would not be repaid for his outlay if he did invest in such special apparatus. There can be no doubt that many practitioners frequently come across special cases which they perfectly comprehend, but for the treatment of which they are not prepared. How many physicians, may I ask, have a set of test-glasses for determining what are appropriate glasses, or whether glasses are necessary at all; how many have an ophthalmoscope (which they can use) or a sufficiently intimate knowledge of the mechanical appliances necessary in treating deformities? I venture to say that not one general practitioner in fifty has even a card for testing the acuity of vision. Such a card costs almost nothing and is of inestimable value in determining the degree of impairment of sight. Why does the general practitioner dispense with such useful, such necessary helps? It can only be because he recognizes his ignorance of such affections, because he knows that it requires prolonged practical teaching and thorough study to become competent and feels that he will not be repaid for his time and trouble.

Specialism is a comparatively new thing, and many practitioners have not yet been able to wean themselves from the backwoods custom of treating every thing that turns up to the best of their ability. The specialist is often astounded by the absolute ignorance of physicians of the highest standing with regard to the simplest matters connected with special departments. Such ignorance is natural and unavoidable on account of the immensity of the field, but it is inexcusable when the general practitioner can not resist the temptation to put in a random lick on general principles. This reference to ignorance is not made in any

depreciatory spirit, but merely as an illustration of the fact that finite minds can not grasp the infinity of medical lore. The specialist must bear his burden of ignorance as well as others.

Again, many branches of medicine are barely referred to in our colleges, and others are entirely neglected. Are those suffering with these neglected diseases to be turned aside and allowed to fall an easy prey of conscienceless scoundrels who live on the fears and ignorance of their prey?

In the face of such weighty considerations it is difficult to conceive why certain general practitioners should evince prejudice against specialists. On the part of a small minority of general practitioners, however, such a prejudice undoubtedly does exist. The immense majority of the profession, however, have long since recognized the good effects of specialism, and have not only ceased all opposition, but welcome the advent of specialists in their midst as releasing them from the responsibility of treating affections with which they have but little acquaintance. This result was, however, not obtained without a struggle. The specialist was even denied the right enjoyed by every one else, the general practitioner included, of indicating to the world at large his business. This last right was finally accorded him by the highest medical tribunal in the land, the American Medical Association, and still some grumble and inveigh against those who announce that their practice is limited to diseases of the eye, of the ear, of women, etc. They are still forbidden to announce themselves as oculists, aurists, gynecologists, orthopedists, etc.—and why? Because it is said such titles imply a superior knowledge in such branches. But, if it be true that they have such superior knowledge in their respective specialties, why not allow them to adopt titles descriptive of their avocations. That they have superior knowledge I think all will admit.

That class of general practitioners who are inclined to cavil at and belittle the work of the specialist is daily growing smaller and smaller, and it is to be hoped that ere long there will be absolute harmony between the general practitioner and specialists. Each has frequent and constant use for the other. The relationship of each is as a part to the whole. As it is the specialist has but little cause for complaint against the general practitioner, as the latter, as a rule, refers all cases which obviously fall in the proper domain of the specialist to one. There is,

however, a small class of men who, while recognizing the special knowledge of the specialist, seek to make use of him and reap the benefit themselves. The following note from a general practitioner was recently received by a specialist, and the former would doubtless have been much surprised by a refusal from the latter. The note was as follows:

Dear Doctor: Please examine this patient and let me know the trouble. What would you recommend for treatment? Yours truly, —.

Not being able to make a diagnosis, and equally at a loss as to treatment, justice should dictate a transfer of the patient into other and better qualified hands. It is a duty each member of the profession owes his patients and his profession, to labor for the benefit of both.

This is best obtained by attending to such cases as are thoroughly understood and referring those which are not to those members of the profession who have made such subjects a special study. The laity are necessarily ignorant of the possibilities of medicine, and thousands go through life suffering from ailments which could be easily relieved. It is to the general practitioner that patients first apply; and, excusable as he is for being ignorant outside of his own line, it is a duty he owes to society to recommend all cases to proper and reliable men.

I often have the opportunity of seeing patients who have suffered for months or even years with such dimness of sight that their pleasure, usefulness, and prospects in life have been marred, and still they have been under the direct observation of many physicians, complained of their troubles, and not even been advised to consult some one who has made such affections a special study. Such occurrences are deplorable, for it is the fundamental principle of the true doctor to be a humanitarian and lessen disease and suffering wherever found.

How many thousands of cases of curable club-foot, of curable blindness, or deafness, of curable female diseases are scattered about through the country, ignorant of the fact that a cure is within their reach! Every cure that is effected redounds to the credit of the entire profession and increases the confidence and reverence of the people for the most noble calling on earth. Every case that fails to be relieved is marked by many, and leaves an impression of the fallacy of medicine. So it behoves us all to mark out a limited area

and make ourselves as thoroughly masters thereof as possible, to keep awake to what others are doing in their respective spheres, to cultivate an intimate fraternity, and to work as a body for the advancement of the profession as a whole. By so doing, the lame, blind, and halt reap the benefit, and misery, want, and suffering are diminished—that is, medicine accomplishes its full object.

LOUISVILLE, KY.

Miscellany.

WRETCHED ROME.—Mr. Ernest Hart thus closes the fifth of his recent series of charming letters from Italy (British Medical Journal):

The best *cuisine* which I found at Rome was at Corradetti, 81 Via di Croce; it deserves this mention, not only for the excellence of the food and the cooking, the cleanliness, order, and civility of the service, but also for the great moderation in price which used honorably to distinguish the Roman *trattorie*, but which is now fast making way for high prices, poor food, and bad French cooking. Excellent wine is served here at five pence the small flask, good soup is from three pence to four pence a portion, and the tariff generally is of the same exceptional and surprising moderation, while quality and cooking are alike commendable. This is a descent to very minor and mundane trifles; but the web of travel is woven with warp and woof of very various material and changing hue; and nowhere do sublimity and triviality more intimately mix; the solemn grandeur of the ages and the ideal glories of genius contrasting in one view with the petty miseries and sordid needs of the meanest of mankind. Beneath the triumphal arches of Roman emperors straggle the ragged paupers and deformed beggars of modern Rome; under the shadow of ruined temples and towering but lovely shafts crouch the disinherited outcasts of what claims to be a higher, but is certainly not a more dignified, perhaps hardly a more humane, civilization. Up the Esquiline heights toil and strain the wretched animals, asses, oxen, mules, horses, roped in nondescript teams, dragging weights far beyond their strength; the torturing lash resounds; oaths, blows, and kicks fall thickly; and, gentle and kindly as modern Romans are in many of their modes, one can but regret daily, in passing through the streets, that

their humanity is not more catholic and does not extend to beasts of burden. "*Non è cristiano*" is the not infrequent but strange reply to remonstrance against the constantly recurring scenes of cruelty to draught-animals in the street. "Cruelty to animals" prevails in the streets to a sicken-ing extent: a society exists to check it. I wish I could hope that these words of protest might quicken it to more effectual activity.

NAPLES.—Of Naples Mr. Hart thus writes: The state of the great thoroughfare leading from Naples to Torre del Greco can only be paralleled in Constantinople. The people live hard, are badly fed, ill-clothed, ill-paid; they are shameless and persistent beggars, and, as to the greater number of them, can not be trusted to name a fair price for any service which they render or any wares which they sell. This is a serious indictment to draw; and yet I am sure it is not framed with ill-will or with any conscious exaggeration.

For, spite of all, notwithstanding that Naples is the dirtiest, raggedest, most obscene and squalid city of Europe, although the disorder of her streets and the infection of the atmosphere raise moral and physical disgust; although her population is so poor that only 50,000 out of her population of 500,000 pay, I was informed, any taxes; although her trade is falling off and her greatness tottering, still Naples remains a city, not only with a great past, and having such present attractions as no rival can boast, but also, I believe, a great future. And since we must all die, every one who can should, at least, try to see Naples once before dying. Her trade may yet take a fresh impulse, when the Italian Government is wise enough to free her maritime port from the excessive imposts which now prevent her from becoming the *entrepot* of the East and West. Her streets may yet be clean, when the great scheme is carried out which the municipality has long had in hand, and of which I have seen the plan, for bringing in a fresh water-supply, and laying down a scientific system of drains. Fifty millions of francs, we are told, are to be spent on this shortly; a wise outlay if intelligently made.

MR. GLADSTONE is steadily, but somewhat slowly, recovering from the attack of bron-chial and laryngeal catarrh under which he has recently labored.—*British Med. Journal.*

GOVERNMENT quarantines are now open at Ship Island, Miss., in the Gulf, and at Sapelo, off the coast of Georgia, the former under Acting Assistant Surgeon George H. Stone, stationed at Savannah, with Acting Assistant Surgeon Brunner at the station on Black-beard Island, Sapelo Sound. The Cape Charles Quarantine Station on Fisherman's Island, Chesapeake Bay, will be opened on the 15th inst., Passed Acting Assistant Surgeon Fairfax Irwin, U. S. Marine Hospital Service, in charge.—*Medical News.*

FOOTBALL: THE KILLED AND WOUNDED. Very recently, under this title, we commented on two deaths in the football field; but, in this short interval, two more deaths have occurred, both from injury to the spinal cord. In one case death was rapid, almost sudden; in the other, the unfortunate young man, a student at the Royal Engineering College, Cooper's Hill, lingered for four months in a hopeless state of paraplegia produced by hemorrhage into the cord.—*British Medical Journal.*

A RECENT great fire in London destroyed the publishing house of Messrs. Pardon & Son. Among the serious losses to medicine thus occasioned was that of the entire edition of the second volume of Dr. Morell Mackenzie's long promised work on diseases of the throat and nose. The book will be reprinted from proof-sheets in the author's possession, but the publication will be delayed for some months.

A COMPLIMENTARY dinner is to be given Prof. Alfred Stille, at the Hotel Bellevue, Philadelphia, on Thursday evening, May 22d. Prof. Stille retires from the chair of Medicine in the University of Pennsylvania after many years of most honorable service. It is fit that the medical profession of Philadelphia should do honor to one who has done so much for the credit of his city and the good of medicine.

TWENTY-EIGHT deaths from yellow fever are reported from Rio for the week ending March 15th, and forty-two for the week ending March 22d.

LIGHT IN THE DARK CONTINENT.—South Africa has a medical journal.

THE New York Cancer Hospital is re-por-ted to have received a gift of \$200,000 from Mr. John Jacob Astor.

PROF. WILLARD PARKER, M.D., LL.D., died in New York City on Friday the 25th of April. Beginning his life with the dawn of the present century, it has been given few men to fill a more conspicuous place in its history, so far as medicine and medical education are concerned. Dr. Parker was born September 2, 1800, in Hillsboro, N. H. He graduated at Harvard University in 1826, and immediately entered upon the study of medicine, spending two years as house physician to the U. S. Marine Hospital at Chelsea, Mass. He afterward became the private pupil of Dr. John C. Warren, Professor of Surgery in the Harvard Medical School, assisting in the anatomical department of this institution. In 1829 he was appointed a house pupil at the Massachusetts General Hospital, receiving his degree during the next year from the Harvard Medical School.

His career as a teacher now began, and his work in this, his favorite calling, was continued with zeal and success up to old age. His first appointment was to the lectureship of anatomy in the Woodstock, Vt., Medical School; from this he was called to the professorship of anatomy in the Berkshire Medical College, at Pittsfield, Mass., and subsequently held the chair of surgery in this school. In 1836 he accepted the professorship of surgery in the Cincinnati Medical College, and after a short service in this place went to Europe for the further pursuit of his studies. On his return he settled in New York, where in 1839 he was appointed professor of surgery in the College of Physicians and Surgeons, a position which he held until 1870, when he was made professor emeritus.

In 1845 he was made one of the surgeons of Bellvue Hospital, and in 1856 received a like appointment upon the staff of the New York Hospital.

It was in attendance upon these hospitals, and as a teacher of clinical surgery in the College of Physicians and Surgeons, that he became distinguished for his wisdom and foresight in diagnosis and his skill in operative surgery.

Dr. Parker was in every sense of the word a general practitioner, having but little regard for specialties. He was so busy with his lectures and practice as to find little time for writing. He therefore leaves no works on medicine, but has made some valuable contributions to practical surgery. He was the first to point out the distinction between "concussion of nerves" and "con-

cussion of nerve centers." Among his contributions to surgery are cystotomy for chronic cystitis, and the operation for abscess of the appendix vermiciformis. His operation for the relief of laceration of the perineum through the sphincter was an important contribution to the surgery of this affection. He ligated the subclavian artery five times, and was the first, in America, to ligate the common carotid and vertebral arteries, in this operation, to prevent hemorrhage by anastomosis.

He was a ripe scholar, a brilliant lecturer, a model citizen, a devoted husband and father, a true friend, and a man of deep religious convictions and spotless character. He leaves a wife, a son (Dr. Willard Parker), and two daughters.

HEMLOCK AS A BEVERAGE.—The Northwestern Lumberman asserts that beer is now made of which hemlock bark is a principal ingredient. The cargo arrivals of the bark at Chicago are numerous, and it is claimed that it is extensively ground and sold to makers of beer at different points, a variable amount being retained for home use. It seems that the chief substances used in adulteration are tanbark and soda, with a little rice malt to give it body and hold the foam. This use of hemlock bark is a new discovery, and is especially available as a substitute for malt and hops. It is non-poisonous, and adds the pungent bitter taste and dark reddish color, and has the prime recommendation (to the brewers) of being cheap.

THE INFLUENCE WHICH THE PRESENT SYSTEM OF EDUCATION HAS UPON THE HEALTH OF THE COMMUNITY.—Dr. Howie, in February, read a paper before the Liverpool Medical Institute, of which the following is the Medical Press's abstract:

He held that it is the duty of medical men to insist upon the evil effects which are certain to follow if the present course is persistently pursued. Confining his remarks entirely to children under twelve, he said that no such child ought to be called upon to perform any kind of work whether muscular or mental. That four hours *mental exercise* is enough, twelve hours in bed, four hours for meals, etc., and four for muscular exercise. That, much as he believed in education as a means of national improvement, yet it would be better to leave the masses uneducated than to train their minds at the expense of muscular strength and dexterity.

Reading and writing, although extremely important, yet were not absolutely essential to the highest education, that facts themselves, without the ability to think and speak correctly about them, are of but small advantage in mental training. Under the existing educational code teachers are compelled to force into the minds of their pupils information for which they are utterly unprepared either by age or previous training. That the blame rests on the framers of this code who have utterly ignored the brain capacity of children, and not on the schoolmaster or inspector who is simply acting in accordance with their directions. Throughout the whole course of a child's school career, most of the subjects of study are quite beyond his intelligent grasp, unless he is specially precocious. He then described at some length the influence which close confinement in school-rooms had upon the health by inducing a tendency to frequent bronchial catarrhs, which in children of phthisical history will ultimately lead to that disease, and quoted several cases from his own experience in support of this. He also spoke strongly in favor of the half-day system of schooling. In our elementary schools it is not so much actual overwork as excessive stimulation of the growing brain which leads to its far too rapid growth to be healthy, the nerve structure is through this rendered extremely sensitive and lacks stability. In order to remedy the present system he suggested that, first of all, we ought to choose good teachers and give them a considerable amount of freedom in dealing with the pupils, and to abolish the system of payment by results.

SLAUGHTER-HOUSES IN THE CENTER OF A GREAT CITY.—The British Medical Journal's correspondent in Liverpool gives the following remarkable intelligence. We did not suppose that such a sin against health and the olfactories could be committed in England:

On February 25th, a meeting of members of the profession was held at the Medical Institution to consider the question of the renewal, by the corporation, of the lease held by the Abattoir Company. Our abattoirs are situated in the center of the city, between the Northwestern Railway Station on the west and the Royal Infirmary on the east. The usual operations and trades connected with slaughter-houses are also carried on in their immediate neighborhood; and the streets in this district are, many of

them, wretchedly narrow, dirty, and confined. At all times of the year, and especially of course in hot summer weather, the atmosphere of this part of the city is impregnated with the most horrible and offensive odors, which are conveyed far and wide in various directions, according to the prevailing wind. It appears that, if the lease be renewed, the inhabitants of Liverpool will have to endure this insanitary state of things for many years. It is very generally felt among medical men, and also among laymen who take an interest in sanitary matters, that the danger of the present position of the abattoirs can not be conclusively shown simply by taking the death-rate of the streets around the slaughter-houses; and, whether the death-rate of a part of the whole of the city be affected or not by them, no reasonable being can doubt for a moment that the presence in the heart of a great town of such noxious trades must be deleterious to the public health. However, there are many interests involved in the question, and we can not hope for a solution of the difficulty at once.

BAD DRAINAGE.—Before the Philosophical Society of Glasgow, in a paper on House Sanitation, Dr. Bell expressed the opinion that dishonest plumbers and builders were frequently as guilty of manslaughter as were the wretches who from time to time were convicted of that crime at the bar of justice. He referred to two cases of bad drainage met with in his own experience. In one of the cases four children had been attacked with typhoid fever, while in the other case a number of children had been attacked with diphtheria, as a consequence of defective drainage. It was appalling to contemplate how many valuable lives might have been sacrificed to the avarice of tradesmen in the construction of defective drains. As a protection against bad drains he suggested that the work should not be covered until it had been inspected by a surveyor and certified to be in perfect order. The pipes should also be examined periodically. He recommended that the surveyor should be appointed by the Government, and that he should be independent of plumber or proprietor.—Dr. Eben Duncan gave it as his opinion that if sewage gas propagated fever at all, it did so in a very small degree. It was too frequently the case with medical men when they were called in to a case, and found there was a defect in the drainage of the house, that they considered that suffi-

cient to account for the disease. That, he thought, was a false position for any man to take up.—We agree, so far, with Dr. Duncan. Much merited contempt is brought on ephemeral medical theories, in consequence of the abundance in the medical profession of under-educated hobby-horsical men who are incapable of seeing or reasoning beyond one phase of given questions. We do not agree with those who argue that those people should be let alone, and left to the ultimate tribunal of public common sense, for public common sense is an infinitesimal quantity.
Medical Press.

THE DUKE OF ALBANY'S DEATH.—The very fragmentary reports which have been received respecting the much-regretted death of Prince Leopold have left the cause of death very much a matter of speculation and dispute in medical circles. There does not seem to be any good reason for supposing that the injury to his knee which the Duke had sustained had any immediate connection with the unhappy sequence, but it may be that it had its effect as a determining cause of brain excitement, which resulted—in a patient of known hemorrhagic tendency—in a sudden cerebral bleeding, and death ensued from the apoplectiform effusion.

A remarkable instance of fatal bleeding of this character was communicated to the Academy of Medicine of Ireland, by Dr. William Frazier, of Dublin, on the 16th of March, 1882—and is reprinted in the Academy Proceedings—of an unmarried woman, aged about fifty, the subject of frequent bleedings from stomach, lung, and nose whenever she was in any way excited or thrown off her balance. She presented no sign whatever of organic disease, but, nevertheless, was seized without any warning with a pain in her head, upon which coma speedily followed, and she was dead in a few hours, from, as Dr. Frazier believed, a cerebral hemorrhage. There seems to be a close analogy between this case and the Prince's, which is stated to have first shown itself in the stertorous breathing, which is a usual indication of apoplexy.—*Medical Press.*

PATENT MEDICINE.—In the discussion of a bill providing for the regulation of the patent-medicine business in England (British Medical Journal), it was said that there was no fewer than eight hundred or a thousand owners of proprietary medicines in Eng-

land, and that nineteen thousand people were employed in their manufacture and sale. If this be so, it can only show the great need that exists for regulating a trade of such magnitude and liable to have such injurious effects on public health.

CARBOLIC-ACID POISONING.—Dr. Albert Heind records, in the Lancet, the case of a girl of seventeen, who swallowed by mistake the contents of a six-ounce bottle of carbolic acid, strength fourteen per cent, and recovered. The treatment consisted of mustard and salt in warm water and lime scraped from the wall, these remedies being administered before the doctor arrived. The physician gave the whites of fifteen eggs, mixed with a gallon of warm sweetened milk. After free emesis a soap and opium pill was given with arrow-root and warm poultices applied to the abdomen. The patient was relieved and recovered perfectly in a few days.

DR. R. H. GALE died at New Liberty, Ky., on Friday the 2d instant. The cause of his death was cancer of the stomach, a disease from which he had been suffering for several months.

Dr. Gale was born in Owen County, Ky., in 1828. He received his academic education at Transylvania University, and graduated in medicine from Jefferson Medical College, Philadelphia. He practiced in Covington, Ky., and in his native county, and served as a surgeon in Col. Howard Smith's regiment, Morgan's Command, during the war.

In 1873 Dr. Gale came to Louisville, where he held the position of surgeon to the L. C. & L. Railroad for about seven years.

About four years ago he was made superintendent of the Anchorage Lunatic Asylum by Gov. Blackburn, and held this place up to within a fortnight of his death. Dr. Gale was a man of commanding figure, great force of character, and fine social qualities.

During his sojourn in Louisville, his office absorbed the most of his time, and he was therefore but little known to the local profession as a practitioner of medicine. In the department of public charities, however, he did good service, being an influential member and once President of the Board of Commissioners of the Louisville City Hospital.

CHOLERA is on the increase at Calcutta.

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H. A. COTTELL, M. D., - - - - - Editor.

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The earth is a point not only in respect of the heavens above us, but of that heavenly and celestial part within us. That mass of flesh that circumscribes me limits not my mind. That surface that tells the heavens it hath an end can not persuade me I have any.—*Sir Thomas Browne.*

In Philadelphia, on the 6th inst., the great surgeon breathed his last. The determining cause and circumstances of his death have, at this writing, not transpired; but the fact that he was about entering his eightieth year is enough to show that he could not long have lingered with us, since the measure of his mortal life had been filled well nigh to the brim.

It is needless here to attempt any review of his long and eventful career, since his name has been for half a century a household word, and his writings are in the library of every reading physician. With the record of a life of unceasing labor marked by achievements which shall last so long as medicine shall endure; with every duty done and every trust fulfilled; with a place in the heart of every man who loves the human race and the healing art, and crowned by the highest honors which science could bestow, he stood like a full shock of corn ready for the garner. He is gathered to his fathers.

There is no sadness in such a death, for though his bodily presence shall be no more with us, that which in him was deathless still abides. We can not mourn, for the glory of so sublime a life must lift all shadow of sorrow from our hearts, and light up even the darkness of the tomb.

THE OLD AND THE NEW ALCHEMIST.

The chief of the two aims of alchemy—which led its mystic votaries to a most careful study of the material world, through which substances and laws were brought to light which afterward served for the unfolding of modern chemistry—furnished a poetical figure for the epitaph of Sir Thomas Browne.

In 1840, while some workmen were digging a vault in the chancel of St. Peter's they found a coffin bearing a Latin inscription which, rendered into English by Mr. Firth, of Norwich, reads thus :

The very distinguished man, Sir Thomas Browne, Knight, Doctor of Medicine, aged seventy-seven, who died on the 19th of October, in the year of our Lord 1682, sleeping in this coffin of lead, by the dust of his alchemic body transmutes it into a coffer of gold.

It is possible that the ecclesiastic in charge of St. Peter's had a suspicion that the inscription might stand for truth as well as poetry, for the coffin was opened and the skull was carried away by relic hunters to become one of the ornaments of a museum. It is not stated whether the coffin was sold for old lead, the prophecy of the inscription being thereby given a material fulfillment under the magic touch of some nineteenth-century alchemist. For truly, though the methods are changed, the spirit of the old alchemist is with us to-day, and the endeavor to turn all things into gold is pushed most vigorously, with results which the most enthusiastic of the ancient brotherhood never fancied even in his wildest dreams.

In a recent number of *Puck* is a picture which puts in striking contrast the old and new methods for making this aim an-at-

tainment. On one side is the ancient alchemist, toiling vainly in rags and wretchedness among his crucibles and alembics to turn baser things into gold. On the other hand is the modern chemist, sitting surrounded by piles of money while he triumphantly deals out to the traders recipes for the manufacture of oleomargarine, glucose, and the ways and means by which foods may be adulterated to the profit of the dealer and the prejudice of the consumer.

This picture can hardly be said to do justice to the modern chemist, who at best is a hard worked and moderately paid man, while many of the scientific workers, whose labors have made and are making millions for the manufacturer, died poor, having pursued their favorite calling only for the sake of "finding out some new thing."

It is true that to-day no discovery in science escapes the scrutiny of those who make haste to be rich. Much goes to the aid of healthy commercial enterprise and thus attests the claims of science to rank as a prime factor in human progress; but it is also true that resources which would make a Utopia of this continent if devoted to means of civil improvement, and talents which would push science immeasurably beyond her present mark of advancement if devoted to a praiseworthy search after truth, are to-day prostituted to the base uses of food fabrication and adulteration at the mandate of mammon. This can not, however, be held up to the discredit of the reputable chemist, who, though unable to keep some of the results of his labors from being put to base uses, is ever employing the resources of his art to detect the hidden adulterant and to make known to the people simple ways and means by which they may be able to tell the bogus from the genuine article of food. Aside from the patient and painstaking endeavor to find out the secrets of nature, no large portion of the spirit of the old alchemist has descended upon the modern chemist. It is the commercial man who inherits this old mania for turning every thing into gold; and if the other great aim of his

ancient prototype were as carefully sought for, the hygienist would soon realize his fondest hopes.

For the alchemist, while seeking a reagent that might be made to turn all substances into gold, with most logical fitness strove none the less to find an elixir of life which would forestall decrepitude and shield him against the shafts of death, so that, gaining his heart's desire in gold, he might live in the perpetual enjoyment of wealth, health, and ever-renewed youth. His modern representative thinks only of the gold; gets rich at the expense of health, disregarding its laws, or rendering them inoperative through dissipation, and arriving, unattended by happiness or contentment, at a premature or miserable old age, takes out his spite against fate by abusing the medical profession or influencing legislation against hygienic reform, while he falls back upon the patent-medicine man and awaits the ministrations of the inevitable undertaker in a spirit which is the opposite of philosophic calm.

"TRICKS THAT ARE VAIN."

The Maryland Medical Journal of April 26th publishes the following, "R. Tgnu cniz Xo ȝj," as a sample of some of the devices by which an unprincipled physician may think to seal his prescriptions to all but the knowing eye of his special druggist, between whom and himself there is doubtless an agreement to share profits at the patient's expense. The name and address of the druggist were printed in large and distinct letters at the top of the paper and the figures representing the number and date were very plainly written. This prescription was taken to another pharmacist, whose knowledge of cabalistic signs enabled him to see the dodge, and an ounce of oxide-of-zinc ointment was promptly dispensed to the unsuspecting customer.

To the credit of the two professions be it said, that instances of collusion between physicians and druggists for ulterior pur-

poses are very rare, and when brought to light it is seldom that the parties interested have not tried to cover their tracks by some device which at least is no discredit to their intelligence. It would not be remarkable, if among the 87,000 physicians practicing in the United States a fair percentage of knaves should be found; but the pursuit of science and daily ministrations to the sick are ennobling and tend to raise the dignity and moral tone of men whose standing may have been doubtful before they essayed the sacred calling. The great body of the profession is made up of gentlemen who are devoted to humanity and the truth, and while a few do stand upon ground not included in this survey, and may now and then do violence to the code upon a larger scale, it is rare indeed to find even among these a man who would resort to a trick like the one above given for the purpose of turning a penny at his patient's expense.

EPIDEMIC TYPHUS AND TYPHOID.

The Medical Press of April 16th says that a severe epidemic of typhus and typhoid is prevailing at Geneva, one third the entire mortality for the week ending April 12th being due to this cause.

In view of this state of affairs, a report of the sanitary surroundings of the place would be interesting.

It would seem, if due care were exercised in the matter of water-supply, that mountain towns would be free from diseases of this character. But it is not improbable that the inhabitants of Geneva drink water either from the lake which receives their sewage or from wells which draw water by subterranean passages from the lake.

The mountain lakes, being usually very deep, are but partially drained by the streams which take their rise in them; those lakes which have large cities situated upon their banks may therefore be the receivers, conservators, and distributors of disease germs, and in time may come to be even

more doubtful sources of water-supply than the rivers which carry off the filth of our great cities.

In consequence of conditions above named, the fish of the Swiss lakes have become infected with the larvae of tapeworm (*Bothriocephalus latus*), which they pay back to the inhabitants with compound interest. May not the fever be the legitimate outcome of the same or similar sanitary surroundings?

We trust that this guess will soon be confirmed or set aside by some mountain sanitarian.

Bibliography.

In Memoriam. A Biographical Sketch of Prof. J. Lawrence Smith. By J. B. MARVIN, M.D. Louisville, Ky: John P. Morton & Co.

This sketch was prepared for the American Academy of Arts and Sciences, a few copies only being printed for private distribution.

The author, who was on terms of intimacy with the great chemist during the latter years of his life, presents briefly but faithfully the leading events of his career in science, while at the same time he brings to view some striking features of the character of Dr. Smith which could be known only to his personal friends.

The following paragraphs will serve to illustrate this part of the biographer's work:

For two or three years Prof. Smith had been in declining health from a chronic affection of the liver; he was seldom confined to his house. On the first of August, 1883, a severe attack of his disease compelled him to go to bed. After an illness of more than two months, characterized by the most patient, uncomplaining endurance, he peacefully and painlessly passed away, Friday, October 12, 1883, at three P.M. In accordance with his request, no eulogy was pronounced, but with a simple burial service his body was placed in the "City of the Dead."

Prof. Smith was of imposing presence and great dignity, strong, manly, self-reliant, pure-hearted, withal one of the most modest, unostentatious of men; a simple, genial Christian gentleman. To those who knew him, or ever felt the charm of his presence, he was scarcely less endeared by his genial virtues than admired for his great powers. In him were united great talents and profound knowledge, with such graces of character as modest unselfishness and the most spotless integrity. His hospitality was unbounded; his love for children great; his courtesy and gallantry to ladies partook of the chivalry of former ages. He was

most generous with his apparatus, and any one manifesting an interest in science was sure of help and encouragement from him. For many years he was a consistent member of the Walnut-Street Baptist Church. He was active in every benevolent and charitable work. His charity knew no sect nor creed, but his ear and purse were open to all real suffering. He founded and largely endowed the Baptists' Orphan Home of Louisville, thereby erecting a monument more noble and enduring than marble or brass.

Prof. Smith said, "Life has been very sweet to me. It comforts me. How I pity those to whom memory brings no pleasure!" He had "set his house in order," saying he knew it would be but a short time before Death would claim him; but he was ready to go at any hour or day. He leaves the memory of a pure life and a heart full of "exercised humanity."

Medical Education and the Regulation of the Practice of Medicine in the United States and Canada. Prepared by the Illinois State Board of Health, and published by permission of the Board. Revised and corrected to March 1, 1884. Chicago: W. F. Keener. 1884.

This is another of the many excellent documents which have issued from this very efficient Board during the current year. The volume gives a brief description of every active recognized medical school in the United States and Canada, with a list of defunct and unrecognized institutions.

The laws of the various States and provinces so far as they touch medical education are here reprinted, and no item of intelligence is neglected which can in any way serve to enlighten the student upon this topic.

According to the statistical showing of this volume, there are in the United States, 91 medical colleges of the Regular School, 13 Homeopathic, 14 Eclectic, 2 Physico-Medical, and 3 miscellaneous—total, 123. Eighty-nine schools are registered as extinct, among which sixteen were fraudulent.

The population of the United States is set down at 50,291,939, the number of physicians at 86,923, giving an average of one doctor to every 578 of the inhabitants. The number of students in attendance at the various medical schools during the session of 1882-3 was 11,995, or one to every 4,265 of the population. From these figures it would not seem that the country is overstocked with medical men, nor is it apparent that in view of the large number of deaths among physicians, the many retiring yearly, and the number of graduates who never practice, that the schools are making doctors any faster than they are likely to be needed.

Hand-book of Eclampsia, or Notes and Cases of Puerperal Convulsions. By E. MICHENER, M.D., J. H. STUBBS, M.D., B. THOMPSON, M.D., R. B. EWING, M.D., and S. STEBBINS, M.D. Philadelphia: F. A. Davis, Att'y. 1883.

As may be seen by the title this work is the result of the investigations of five physicians. It presents all the cases of puerperal eclampsia which have occurred during the present century within a radius of several miles around Avondale, Chester County, Pennsylvania.

The number of cases reported is forty-four. We give the *résumé* of the authors as an item well worthy of attention: "30 were primipara, 14 were multipara. Of these, 13 women died—9 primipara, 4 multipara; 20 children perished—12 primipara, 8 multipara. In 11 eclampsia occurred before labor, in 23 during labor, in 10 after delivery. In 10 the labor was gently assisted by forceps, etc.; 1 died. In 11 the delivery was forced; 5 died. It may be stated here that cases 12 and 13, cases 28 and 29, cases 22, 35, and 44 occurred respectively in the same woman, while Nos. 27 and 30 both died of eclampsia afterward outside of our district. Thus, five women afforded eleven cases of eclampsia, four of whom died of the last attack."

The work is brief, scientific, practical, and of course useful. No physician can fail to profit by its perusal. We hope that the good example set by the authors may be followed by physicians in other localities, and that results may follow which shall make to the credit of science by reducing in marked degree one of the greatest perils of child-birth.

Transactions of the American Surgical Association. Volume I. Edited by J. EWING MEARS, M.D., Recorder of the Association. Philadelphia: Printed for the Association, and for sale by P. Blakiston, Son & Co. 1883.

As was expected from the character of its members, and what we have already heard of the doings of the Association, the first volume of the Transactions is a credit to the profession and a valuable contribution to science.

The book is an octavo of 568 pages, and is executed in the best style of the printing art. Besides a list of the officers and fellows of the Association, and several addresses by its late venerable president, delivered at the meetings of 1882 and 1883, the volume contains thirty-two papers, with the discussions which these called forth from

the fellows. Some of these papers, those of Drs. Senn and Cabell for instance, are quite elaborate, each being sufficiently comprehensive to form in itself a treatise upon the subject at hand, while others are devoted simply to the reports of cases with comments, the description of a new operation or the bringing forward of some new surgical appliances. Whatever the subject, the work of getting it before the profession has been carefully attended to, and a most readable and instructive book has been added to surgical literature. The editor has done his work exceptionally well, and it is to be hoped that many more volumes of the Transactions will see the light under his critical eye and careful hand.

Peroxide of Hydrogen in Suppurative Conjunctivitis and Mastoid Abscesses. With a Report of Two Cases. By A. E. Prince, M.D. Reprint.

Public Health. Advanced reprint from the Annual Report of the Indiana State Board of Health. By H. V. Sweringen, A.M., M.D., Fort Wayne, Ind.

Congenital Lipoma. By A. Jacobi, M.D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, New York. Reprint. Jersey City, 319 York Street.

The New Century and the New Building of the Harvard Medical School, 1783-1883. Addresses and exercises at the one hundredth anniversary of the foundation of the Medical School of Harvard University, October 17, 1883. Cambridge: John Wilson & Son, University Press. 1884.

Traité de L'Affection Calculeuse Du Foie. Par le Docteur Jules Cyr, Médecin Inspecteur adjoint à Vichy. Paris: V. Delahaye et Lecrosnier, Éditeurs, Place de l'Ecole de Medicine. 1884.

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.*

Stated meeting March 24, 1884. The President, Dr. Henry Beates, jr., in the chair. Dr. Jos. S. Gibb read a paper on

Umbilical Hemorrhage. In the preliminary remarks the author said that, with the exception of those of Simpson, Condé, and

* Reported by G. Bettom Massey, M.D., Secretary.

more particularly Dr. Bedford, of New York, the standard obstetrical works of the day omit the mention of this affection. The rarity of the accident may be proved by reference to the records of the maternity hospitals and the foundling asylums, as well as by the experience of the older members of the profession. The author presented a collection of two hundred and forty-one cases, which represents the record of cases which have been published since 1752.

The author's case was a female child. Hemorrhage began on third day after birth. No single bleeding point was observed; the hemorrhage was simply a continuous oozing from the bottom of the umbilical depression. Several ligatures were applied directly to cord, and then the ligature *en masse*, but these failing to control the hemorrhage, a solution of the sub-sulphate of iron was painted over umbilicus, and a pledge of cotton saturated with the same solution was bound fast over umbilicus with the desired effect. The child was much weakened by the bleeding, but soon rallied after it stopped. When last seen, one month after the accident, was in good health. It was simply a spontaneous umbilical hemorrhage, without premonitory or accompanying symptoms.

Three divisions of the subject may be made: (1) Hemorrhage from improper ligation of the cord; (2) hemorrhage the result of traumatism; (3) spontaneous hemorrhage.

Of the first two but little was said, the cause and remedy being apparent. The third variety formed the real subject of the paper. He does not believe that colicky pains, jaundice, or any of the so-called premonitory symptoms can be relied on, since they may occur in otherwise healthy infants, or precede other affections. He laid stress on the fact that a hemorrhagic diathesis existing in either parent must be a very predisposing cause which should make us watchful. He regarded the subjects of umbilical hemorrhage as those suffering from a general disease, and hemorrhage the first symptom of this disease. This symptom may occur at any time, from a few hours to eight weeks after birth.

The next most important symptom is jaundice. Both of these symptoms occur in an equal number of cases.

As regarded the etiology, the author believed there is a direct relationship between the hemorrhage and some constitutional condition of the infant; which condition may

be either hereditary or congenital. Though the hemorrhagic diathesis may be given the first place in the list of causes, it is not absolutely necessary that this condition should exist in the parent in order that it shall be established in the offspring. In some children it may be congenital.

Attention was drawn to the hemorrhagic symptoms in these cases, viz., hemorrhage from bowels, gums, and penis, as proof of this peculiar condition being a strong etiological factor. Jaundice was mentioned as forming the favorite ground of most writers on the subject as a causation of umbilical hemorrhage, but the theories on which this is based were not substantiated by post-mortem examinations. In but few of the recorded cases was there any indication of a syphilitic or scrofulous taint. Various other minor causative influences were noted, viz., excessive use of alkalies by pregnant women, insufficient food, etc.

In conclusion it was admitted that in the present crude state of our knowledge of umbilical hemorrhage we are obliged to admit several etiological factors.

In an analysis of the reported cases there is found to be a strong predisposition on the part of the male to the occurrence of this accident. In one hundred and fifteen cases collected where the sex is mentioned, sixty-seven per cent were males.

The morbid anatomy of the subject is very incomplete, being made up of statistics as to the patency or non-patency of the fetal openings and vessels, the condition of the liver and the character of the blood, from all of which no satisfactory conclusions can be drawn.

The prognosis of umbilical hemorrhage was stated as excessively grave. A mortality of eighty-three per cent is in two hundred and thirty cases. The fatal termination may occur at any period from one hour to eighth week from commencement of bleeding. In ninety-four cases, where the time of death has been stated, forty-seven, or fifty per cent occurred within first forty-eight hours; twenty-five in the first and twenty-two in the second twenty-four hours.

The success of therapeutical measures, the author believed, lies in a proper appreciation of the nature and causes of the disease, and until this is accurately determined umbilical hemorrhage will continue to resist all well-meant therapeutical resources.

In the present state of our knowledge, the author believes that that treatment will be the most successful which consists of

local styptics, ligature, etc., combined with such internal hemostatics and tonics as experience has proven of value in kindred hemorrhagic affections of adults.

Dr. Albert H. Smith, in opening the discussion, said: I have seen two cases of the kind referred to by the reader of the paper. The first occurred at the end of twenty-four hours after birth, in a healthy child. On attention being called to it, the ligature was found loose; this was reapplied carefully. On the following morning the nurse again discovered hemorrhage, and the child died before I could reach the house. This was not a case of neglect or traumatism. The other instance occurred also in a perfectly healthy child, forty-eight hours old. The cord was ligated by myself, but I soon found hemorrhage occurring freely from the tissue around cord; a large compress of absorbent cotton was applied by means of Seabury & Johnston's plaster, and a teaspoonful of magnesia given internally. The child was saved. In these two cases there were no hereditary tendencies to this form of trouble; no jaundice; no purpura hemorrhagica in either the mothers or the infants themselves. We have not, so far, reached any reasonable theory of its etiology. Jaundice seems a coincidence. Great stress has been laid on hemophylia, but my experience does not bear it out. In a family under my care four out of five died of hemorrhage, but none showed any tendency to umbilical hemorrhage. In the autopsies of fatal cases no uniform nor persistent conditions have been found. My cases are somewhat remarkable, from the fact that recoveries are rare.

In the treatment, we could hardly expect a compress to do much, yet I think this application the best that can be made. A laxative would contribute to lessen blood pressure and act as a revulsive.

I would suggest that hemorrhage from non-application of a ligature would rarely occur in health, if we are to judge by the fact that in Germany they seldom tie the cord. Difficulty may certainly arise from too early ligation. My practice is not to ligate until the cut extremity has ceased bleeding.

Dr. Chas. K. Mills: I have had one very interesting case of umbilical hemorrhage, which recovered. The subject was the fourth child of perfectly healthy parents, the other three children being healthy. There was no trouble until the third day

after birth, when an oozing was found at umbilicus, and the child vomited blood; the cord was examined and found not bleeding at the extremity; subsequently styptics were applied without result. The hematemesis occurred on three occasions during the following twenty-four hours of occasional hemorrhage. The bleeding was finally controlled by transfusion with needles, and a half drop of arom. sulph. acid administered every two hours. The child recovered and is now perfectly healthy.

Dr. Hannah T. Croasdale: I have had the opportunity of seeing but two cases of umbilical hemorrhage. The first was from shrinkage of the cord and great amount of gelatinous material; after the ligature was closely reapplied the bleeding began again from the cut extremity. I then applied Pean's hemostatic forceps and left them in position twenty hours. In the other case the hemorrhage was controlled by tightening the ligature.

Dr. Mary Willits: To the cases mentioned I would add one seen by myself in hospital. The child was a week or ten days old. After considerable hemorrhage the bleeding was successfully checked by styptics and a compress.

Dr. Henry Beates, Jr.: In connection with the hematemesis noticed by Dr. Mills, a case seen by myself showed at the autopsy gangrene of the ilium. There was also sloughing at the extremity of the cord.

Dr. Jos. S. Gibb: I am grateful to the members for the relation of their experience with this troublesome affection. The relation of the hemorrhagic diathesis to it is yet a question. There seems, however, to be two things intimately connected with it—the hemorrhagic diathesis and jaundice. The case reported by Dr. Mills would rather support the former theory. It is evident that loosening the ligature would be a dangerous experiment in some of these cases.

Dr. Collins exhibited a bullet that had been removed from the anterior nares of a man. It had remained imbedded in the turbinated bones since 1865. An opening in nasal septum remains, produced at the time of reception of wound.

Dr. Daniel Longaker reported a case of *Sudden Death in Diphtheria*. The patient, Mary F., aged six years, was seen first on the afternoon of the second day of the disease. Her temperature was 104.25° and the general symptoms were of a decidedly adynamic type. She complained of pain and difficulty in deglutition, and a

nasal tone of the voice was noticed. On inspection of the throat congestion and swelling were evident, and a small patch of false membrane was found on the right tonsil. The local trouble continued to grow worse until the fourth day, and was associated with a diminished secretion of urine, in which albumen was found to be present. The membrane was detached on the sixth day, and by the tenth convalescence was established.

On the thirteenth day she was seen for the last time. Her pulse was a little accelerated in frequency and still weak. Her appetite was good, and she was sitting up and going down stairs. Two days later, the fifteenth of the disease, after rising in the morning and feeling quite well, she suddenly fell from the chair from which she was attempting to rise, and expired.

Correspondence.

LOUISIANA STATE BOARD OF HEALTH.

Editor Louisville Medical News:

Dear Sir: I have the honor to inform you that this Board has been reorganized by the election of several new members, and the selection of Joseph Holt, M. D., to be its President. The Board now consists of Joseph Holt, M. D., J. C. Faget, M. D., L. H. Von Gohren, M. D., L. F. Salomon, M. D., S. R. Olliphant, M. D., Charles E. Kells, D.D.S., Walter M. Smallwood, Esq., Joseph A. Shakespeare, Esq., and F. Forment, M. D. (resigned).

The following resolutions, unanimously adopted at the first meeting of the new Board, April 12, 1884, are commended to your consideration as expressing the policy of the new Board, and the plans it will pursue in endeavoring to prevent the introduction of contagious or infectious diseases into this port:

Fully recognizing the wisdom of the quarantine laws of this State, the necessity of their rigid enforcement, and the great importance of securing for this Board the confidence of the people throughout the valley of the Mississippi,

Resolved, That it is the fixed and irrevocable purpose of this Board to apply quarantine restrictions against all ports where contagious or infectious diseases exist to the limit of the law, and, if necessary, it will advise the total suspension of all communications with such ports while so infected.

Resolved, That while we are guarding with sleepless vigilance the outlets of the Mississippi River, we are not unmindful of the dangers that threaten us from the rear. In more than one

instance yellow fever has been introduced into this city and State through the States of Texas and Mississippi. All things considered, the least protected sections are the long lines of seacoast westward in Texas, and eastward in the States of Mississippi, Alabama, and Florida. The approaches from without to this State are through Lake Borgne, the Mississippi River, and Berwick's Bay; these we will guard with sleepless vigilance, and while we are doing that we call upon the authorities of the States of Texas, Mississippi, Alabama, and Florida to exercise a like effective control over the seacoast in those States.

Resolved., That while this Board will maintain its just prerogatives as a department of the State Government, it invokes the co-operation and confidence of any and all organizations at home and abroad that may be laboring to promote or protect the public health.

Resolved., That, recognizing the great importance of securing the co-operation of the Boards of Health of other States, and of other health associations wherever situated, and of establishing a condition of absolute confidence, it is hereby made the duty of the President and other officers of this Board to extend to Boards of Health of other States, and other health associations, unrestricted access to the records and health reports of this Board, as well at the several quarantine stations as at the central office of this Board in New Orleans; and it is hereby further made the duty of the President of this Board to make public from day to day, as may be necessary, the condition of the public health, and he is hereby specially required, in the event yellow fever should be introduced into this city or State, to communicate such fact without delay to the exchanges and commercial bodies in New Orleans, and to the Boards of Health of other cities and States.

Resolved., That the co-operation of the several exchanges and commercial bodies of this city is earnestly solicited in the sanitary work of this Board, and in the proper, intelligent, and effective application of the sanitary and quarantine laws of this State.

Resolved., That while tendering to other boards and health associations generally, at home and abroad, the courtesies and confidence of this State Board of Health, we solicit the like consideration of the Boards of Health and health associations of other States, to the end that confidence may not only be reciprocal, but established on a firm and enduring basis.

Resolved., That having thus declared our purposes and the policy of this Board, it is expected that no credence will be given, at home or abroad, to any report respecting the state of the public health in this city or State, that is not sanctioned or verified by the action of this Board, or of its duly appointed officers.

By order of the Board.

S. S. HERRICK, M. D.
NEW ORLEANS, April 16, 1884. *Secretary.*

AN ANATOMICAL CURIOSITY.

Editor Louisville Medical News:

There recently appeared in the dissecting-room of the Medical Department of the

University of Louisville a white adult female subject whose external genitals presented the appearance of what is popularly called a "hermaphrodite."

The peculiarity consisted in an enormously enlarged clitoris, it being two and one half inches in length and about the size of a man's thumb. Three fourths of its length was covered by very delicate skin, but at the distal extremity there was an acorn-shaped body about the size and very much resembling the glans penis, which was covered by mucous membrane. There was a shallow groove somewhat like the corona glandis extending around the organ between the cutaneous and mucous membrane, thus giving it very much the appearance of a circumcised penis. If this organ possessed erectile power, which perhaps it did under venereal excitement, it would doubtless have been somewhat longer and larger, and certainly at first glance, under such circumstances, it would have been mistaken for a male organ.

The labia and vagina presented no unusual appearance, and the mammary glands were well developed. The trunk and limbs were slender, and the hands and feet were quite small; in short the general appearance of the individual was decidedly feminine in every particular excepting the peculiarity described above. We know nothing of the history of the subject while living, but from the appearance of the skin over the abdomen she had evidently borne children.

R. B. GILBERT, M.D.,

Demon. Anat. Univ. Lou., Med. Dept.

LOUISVILLE, Ky., April 23, 1884.

Selections.

A CASE OF ERYSPIELAS COMPLICATING PREGNANCY.—The question of the relationship between erysipelas and puerperal fever has always been an interesting one, and the case reported by Dr. William L. Wardwell, in the April number of the American Journal of the Medical Sciences, in which erysipelas produced abortion, will be read with interest. Dr. Wardwell has carefully studied the literature of the subject, and has been able to find but twenty-five similar cases reported, thus showing that the coincidence of pregnancy and erysipelas must be a rare one. From a review of these cases he finds that,

(1) Erysipelas may attack a pregnant woman at any period of pregnancy, espe-

cially during its later stages. (2) The erysipelas is most often sporadic. (3) The situation of the erysipelas may be on any portion of the body, usually upon the face. (4) The variety of the erysipelas may be either cutaneous or phlegmonous, usually the former. (5) Premature labor takes place almost invariably, and usually within forty-eight hours after the initial chill. (6) The tendency of such cases is to recover without uterine inflammation. (7) It is impossible to base a prognosis upon either the position or the variety of the erysipelas.

SCARLATINA PUERPERALIS.—The term scarlatina puerperalis was originally applied to a form of puerperal fever believed to be modified and intensified by infection with the scarlatinial poison, and which was frequently confounded with an occasional puerperal affection very closely resembling scarlet fever. Hence two distinct opinions have been advanced: One that it was a puerperal fever allied to pyemic or septic conditions to which the scarlatinous poison added virulence, and which would produce in a susceptible person scarlet fever pure and simple. The latter opinion is that it is nothing more than scarlet fever attacking a lying-in woman and modified by the puerperal state, but in no manner connected with or caused by pyemia or septicemia. Each of these theories is maintained by authors of equal repute at the present time, and some claim the occasional occurrence of both forms of an acute puerperal disease characterized by the scarlatinous eruption and angina. In support of this latter theory, and as a contribution to the study of this rare complication of the puerperium, Dr. S. C. Busey presents an interesting report of a case, the second of the kind which he has seen, in the April number of the American Journal of the Medical Sciences.

REPLANTATION.—Mr. Cunningham, of Cambridge, showed a patient for whom he had performed replantation. The tooth, an upper central incisor, had been knocked out during a game of football, but the patient did not present himself until five hours after the accident. The alveolus was much lacerated, and the tooth very dirty; it was carefully cleansed, the pulp removed, and the nerve canal filled. It was then replaced and secured with silk ligatures. At the end of three weeks it had become quite firm, and was not to be distinguished from its neighbors.

Mr. Ackery mentioned the case of a girl who applied to him on account of persistent hemorrhage following the extraction of a molar tooth sixty-two hours before. She brought the tooth with her, and Mr. Ackery, thinking it would make a capital plug, replaced it in its socket without removing the pulp or treating the canals. The bleeding was at once arrested, and when the patient came again a week later, the tooth was quite firm. She stated that there had been a little tenderness for a day or two, but this soon subsided, and the tooth had given her no pain since, so it was allowed to remain.—*Medical Times.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, April 27, 1884, to May 3, 1884.

Changes in Stations of Medical Officers. (Par. 2, S.O. 101, A.G.O., May 1, 1884.) *Heger, Anthony*, Major and Surgeon, from Dept. of Texas to Dept. of the East. *Happerset, J. C. G.*, Major and Surgeon, from Dept. of Texas to Dept. of the East. *Bentley, Edwin*, Major and Surgeon, from Dept. of the East to Dept. of Texas. *Middleton, Passmore*, Captain and Assistant Surgeon, from Dept. of Texas to Dept. of Missouri. *Koerper, E. A.*, Captain and Assistant Surgeon, from Dept. of the East to Dept. of Dakota. *Dickson, J. M.*, Captain and Assistant Surgeon, from Dept. of the East to Dept. of California. *Girard, A. C.*, Captain and Assistant Surgeon, from Dept. of Dakota to Dept. of Missouri. *Girard, J. B.*, Captain and Assistant Surgeon, from Dept. of Arizona to Dept. of the East. *Hall, J. D.*, Captain and Assistant Surgeon, from Dept. of Dakota to Dept. of the Columbia. *Hall, Wm. R.*, Captain and Assistant Surgeon, from the Dept. of Missouri to Dept. of Texas. *Cunningham, T. A.*, Captain and Assistant Surgeon, from Dept. of the East to Dept. of Missouri. *McCreery, George*, First Lieutenant and Assistant Surgeon, from Dept. of Arizona to Dept. of Dakota. *Cochran, J. J.*, First Lieutenant and Assistant Surgeon, from Dept. of Missouri to Dept. of Arizona.

Shufeldt, Robert W., Captain and Assistant Surgeon, relieved from temporary duty in Surgeon-Gen's office, and ordered to report to Lt.-Col. Basil Norris, Surgeon U. S. A., attending Surgeon, Washington, D. C., for temporary duty in his office. (Par. 6, S.O. 100, A.G.O., April 30, 1884.) *Barrow, C. C.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Grant, A. T., and ordered to report for duty at Whipple Barracks, A. T., relieving First Lieutenant W. E. Hopkins, Assistant Surgeon, who, upon being relieved will report for duty as Post Surgeon at Fort Grant, A. T. (Par. 1, S. O. 31, Hdqrs. Dept. of Arizona, April 21, 1884.) *Phillips, John L.*, First Lieutenant and Assistant Surgeon (Fort Warren, Mass.), ordered to report for temporary duty to the commanding officer at Fort Preble, Me. (Par. 1, S.O. 81, Hdqrs. Dept. of the East, April 28, 1884.) *Cuyler, John W.*, Colonel and Surgeon, retired, died at Morristown, N. J., April 26, 1884.